



**GOVERNMENT
EMPLOYER PULL NOTICE
ENROLLMENT OF OUT OF STATE
LICENSED DRIVERS**

Department of Motor Vehicles
Employer Pull Notice Unit MS H265
P.O. Box 944231
Sacramento, CA 94244-2310

PLEASE PRINT

AGENCY NAME		DATE	
ADDRESS	CITY	STATE	ZIP CODE
CONTACT PERSON		REQUESTER CODE	TELEPHONE NO. () Ext.

CLASS LICENSE

A - Class A	B/P - Class B with passengers (Charter-Party)	C/S - Class C with Special Certificates
B - Class B	C/H - Class C with Hazardous Materials Endorsement	C/P - Class C with PUC permit issued

PRINT AS SHOWN ON OUT-OF-STATE LICENSE"REMARKS"FOR YOUR USE (LIMIT TO 21 SPACES)

1) NAME (LAST, FIRST, MIDDLE)			DATE OF BIRTH
ADDRESS	CITY	STATE	ZIP CODE
DRIVER LICENSE NO.	CLASS LICENSE	REMARKS	
2) NAME (LAST, FIRST, MIDDLE)			DATE OF BIRTH
ADDRESS	CITY	STATE	ZIP CODE
DRIVER LICENSE NO.	CLASS LICENSE	REMARKS	
3) NAME (LAST, FIRST, MIDDLE)			DATE OF BIRTH
ADDRESS	CITY	STATE	ZIP CODE
DRIVER LICENSE NO.	CLASS LICENSE	REMARKS	
4) NAME (LAST, FIRST, MIDDLE)			DATE OF BIRTH
ADDRESS	CITY	STATE	ZIP CODE
DRIVER LICENSE NO.	CLASS LICENSE	REMARKS	
5) NAME (LAST, FIRST, MIDDLE)			DATE OF BIRTH
ADDRESS	CITY	STATE	ZIP CODE
DRIVER LICENSE NO.	CLASS LICENSE	REMARKS	

TOTAL ADDITIONS _____ (No Charge)	DMV USE ONLY
	PROCESSED BY: _____ DATE LINE STAMP

I certify under penalty of perjury, under the laws of the State of California, that driver(s) listed above are (1) mandated for enrollment under California Vehicle Code §1808.1. OR (2) have signed an "Authorization for Release of driver Record Information" form (INF 1101) or internal document with similar language AND are currently in an employer/employee relationship AND frequently drive during the course of their employment.

Executed at _____, _____, _____
CITY COUNTY STATE

Date _____ Signature **X**

Printed name and title _____